Oakland, Maryland

FOR

(VR A 15 (4))

Bradley A. Stewart

STATE OF MARYLAND

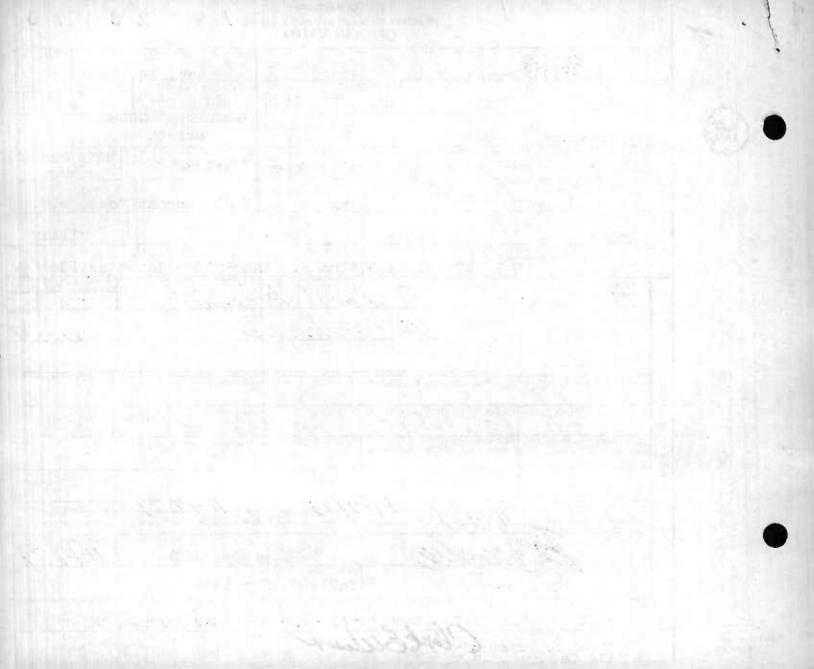
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC 6

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							MARYLAND				2 2	4
		FOR STATE					AND MENTAL HYG	1 /		2 8	1 7	
I		REGISTRAR		ME		VER'S	CERTIFICATE OF I		REG. NO			
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	2e. DATE OF	KNOWN ESTI-	MONTH	DAY YEAR	26. HC
l	11,	Ed	lward	P.		BUTL		DEATH	MATED [	11	17,79	121
J	3. SE)	4.	RACE	DATE OF BIRTH	6. AGE (IN YI		NDER 1 YR. IF UNDER 24 H		NCED	MONTH	DAY YEAR	20.110
I	Ma	ale	Black	3/14/1	912 67 v	RS.	NS DATS HOURS MI	DEAL	CED	11	17,79	10A
d		RTHPLACE (STAT	E OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR	IED NEVER MARRIED		_	_	Y OF DEATH	100
I		Virgin	ia	USA		WIDOW			rrett			
1		TY OR TOWN OF		11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION 12a	USUAL OCCU	PATION (TYPE	OF WORK	12h KIND OF E	SUSINESS
l	US	ıkland		Dennet	Crusha Re Mark	or N	ursing Home	Rail	road	Emp		lroa
	USUA 13a. S		IN HURSING HOME OR		13c. CITY OR TOWN	ION)	13d INSIDE CITY LIMITS? 13e	STREET ADDR	cc			
	154. 0	D.C.	100.0001411		Washing	ton	YES NO	1423	Rhode	Isl	and A	ve.
100	14. FA	THER'S NAME		WIDDLE			15. MOTHER'S MAIDEN N	IAME	AIDalE		LAST	
	G:	Lcero		MINNE	Butler		Irene	-	MAGE	Ws	atson	
1	16g. V		VER IN U.S. ARME	ED FORCES?	166. SOCIAL SECURIT	IY NO.	17. INFORMANT		ADDRESS		100011	
1	{ Y	Yes	(IF YES, GIVE W	AR OR DATES)	718-111-2	2098						
		18. CAUSE OF I	DEATH (Enter anly	ane cause per line	far (a), (b), and (c).)		4				APPROXIMA	TE INTERVAL
		PARTIDEAT	H WAS CAUSED I	BY: Me	etastatic	car	cinoma				Yrs.	DET AND DE
		185	MANAGOIATE	DUE TO, OR	AS A CONSEQUENCE	OF						
		Conditions,	if any, which to immediate	(b) P1	rimary si	te,	prostate					
1		cause (a) st	ating the under-	DUE TO, OR	AS A CONSEQUENCE	OF			371.67			
ı		lying cause	last.	(c) A3	rteriosci	eros	is, genera	Lized			Yrs.	
ı		PART 2 DTHER SIGN	FICANT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PART 1	(a).				
ı	ON	T. C.										
1	CAT	19a. DATE OF O	PERATION	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?		1375		20. AUTOPS	Y?
	CERTIFICATION										YES 🗆	NOK
1	CER	210. EXTERNAL		21b. TIME OF HOUR A.M	MONTH DAY YEA	R 21c. H	OW INJURY OCCURRED (E	INTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PAR	RT 2)	- 1
	CAL	UNDERLYING CONTRIBUTING	OR CAUSE OF DE									
1	MEDICAL	21d. INJURY OC	CURRED		OF INJURY (AT HOME,	21f. LO	CATION	CITY OR TO	wn	COL	UNITY	STAT
١	5	WHILE AT WORK	AT WORK	J. M. L.				CITORIC			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JIKI
-				of the remains des	cribed abave, held an	Rutap	sy . Inspection 2	Inquiry	K an	d in my ap	inian	
1		death resulted	/	F35		vicide		Indetermined m		up		
		Gedin resolled	X		1	preide	TITLE (SPECIFY)	macremined m	anner [,			
		ACTUAL SIGNATURE	a- 1	10		-	DIEDITALA	MEDICAL EXAM	AINED	DATE	11-17	7 - 79
7		(			U							
4	er.	EXAMINER'S NA	AME Jame	es H. Fe	easter, J.	r.,	MADDRESS 107	S. 2nd	. St.	, Oa	k land,	, Md
1	23a.B		ON,REMOVAL 236	D. DATE	23c. NAME OF CE			3d. LOCATION				
I	(5	Buri	al	11/23/			n National	CITY OR TOWN			70., V	a.
1	24. FI	NERAL DIRECT	John P	al bear	:1		250. DATE REC	P. BY REGISTA	25b. REG	STRAP'S S	IGNATURE	
		Joh(	O. Du	rst. Oa	kland, Mo		1101	1 10 131	3 /			7
		3 0 1.119	2 00		,							1

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		Tage To			

H	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL MEDICAL EXAMINER'S CERTIFICATE	OF DEATH
W-27-249-27		REGISTRAR  CEASED NAME FIRST SE OR PRINT)  Glen:	MIDDLE LAST	20. DATE KNOWN TON'TH 19 769 7530P
	3. SE			R 24 HRS. 2c. DATE PRONOUNCED DEAD 19 79 805P
A PARTY SAN	FO	IRTHPLACE (STATE OR DREIGN COUNTRY) W.V.	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MAR	9 BALTIMORE CITY OR COUNTY OF DEATH
17765	10 8	akland	NAME OF HOSPITAL PHIRSING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY)  Farmer  Farming
20508	13a. S	Md. Gar:	ett Oakland YES NO 5	Rt 2 Box 188
MORE, MD. 2		ATHER'S NAME HOMET	MODIE  I. Gnegy  AED FORCES?  I S. MOTHER'S MAIL  The ln  The ln  AED FORCES?  To Social SECURITY NO.  17 INFORMANT	na C. Smith
BALTIMORE, URS AFTER DE 8. GIVE PAGES WITH FORM PAGES 1 AND DIVISION OF	100 (	No	NAROR DATES) 218-40-3019 Mrs. Do	onald Roth Horseshoe Run, WV
TON ST., E		PART I DEATH WAS CAUSE	y ane cause per line for (a), (b), and (c), 0 BY:  E CAUSE (a)  OUE TO, OR AS A CONSEQUENCE OF	THROMBOSIS, LEFT SUDDEN
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 3, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. HER E 3. SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the <u>under</u> .	(b) CORONARY	SCIEROSIS
CORDS, 301  DE EXECUTE NDING" IN P MEDICAL EX/ A BURIAL ALTA A BURIAL ALTA A BURIAL ALTA AND MI		lying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FEB. Hypertrophy; Left Myocar	PART J (a).
ITAL RECORDS, 30 SHOULD BE EXECUT SHE "PENDING" IN CHIEF ARDICAL E. CHEF ARD AN AN AN OF HEALTH AND I. AL, CREMATION, O	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	dial scarring, diffuse 20. AUTOPSY?
CERTIFICATE SHOUTING THE WORD TING THE WORD TO THE CHIES 3 SHOULD BE US 3 SHOULD BE US PRIOR TO BURIAL, OF PRIOR TO BURIAL, OF THE CHIES		210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	YES MO TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISIO DIVISIO THIS CERTIF , WRITING TI RWARDED TO PAGE 3 SHC	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 31F. LOCATION STREET	CITY OR TOWN COUNTY STATE
7 > > < < ½		22a. I certify that I taak charg	e of the remains described abave, held an Autapsy , Inspecti	ian , Inquiry , and in my apinian
AL EXAM HE CERTIF HOULD B AL DIREC TH, WITH, WITH		ACTUAL SIGNATURE	DEPOTY)	DATE SIGNED DATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;		EXAMINER'S NAME (TYPE OR PRINT)	ADDRESS	d. St., Oakland, Md.
BP	C	URIAL CREMATION, REMOVAL  Burial  UNERAL DIRECTOR	ov. 23, 1979 Red House	1334 LOCATION COUNTY STATE Oakland Garrett Md.
DHMH - 17 (VR A15 ME (5)) 30M 7/73		NAME	kle Davis, W.Va.	REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE BOOK

and the state of the state. Ladique . e .o com e ( de ) insi MANAGER OF THE PARTY OF THE PAR et benefalt ... of three foldbroomet that live outrosyst and her yes a current, E., . .. 10% S. and. E., Carlert, Ed.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after front. Page 4 hands:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and should be detached for use as the businity norm. The presses the businity permit Then persons removed companies. Pages I and 2 should be filled within 77 hours after the control to business to be used.		2
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director progresshould be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 shauld be filed within 77 hours after death with the State Deat, of Heelth and Mental Hydrene prior to burial, cremation, or removal.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after worth. Page 4 normalisation or attending physician.	
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director progresshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after the share State Deat, of Health and Mental Hyaiene prior to burial, cremation, or removal.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11.	- STATE REGISTRAR			ou ann	CERTIF	ICATE OF DEATH	OILIL	REG. N	10.		
	CEASED NAME	FIRST		WIDDLE	L	AST .	20 D	ATE OF DEATH	нтиом	DAY YEAR	26 HOUR
		Lloyd	Loom	is	Hetri	ck.		Tov. 20	), 19	979	1:05AM
3 SE	Х		4. RACE		5 DATE C	DAY YEAR	6 AG	E (IN YEARS LAST BI	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Male		Whit	e	Aug	7, 1892		87	YRS		HOURS MIN.
	IRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BA	TIMORE CITY	OR COUN	TY OF DEATH	
M	aryland		USA		WIDOWE			arret	5,		MD.
	ITY OR TOWN OF I	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		SUAL OCCUPA			OF BUSINESS OR
G	rantsvi	lle	.Goodw:		nonit	te Home		armer	JF WORKING	Fari	
3a.	ALRESIDENCE (IFN STATE aryland	13b. COU	rother institution nty rett	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS	5?   13e. S	reet address			
_	ATHER'S NAME					15 MOTHER'S MAIDEN					
1	Charl	es	MIDDLE	Hetricl	ζ.	Caroli	ine	WIDDLE		Go	re
	WAS DECEASED EV			166 SOCIAL SECU		17 INFORMANT		ADDI	Mexi		rms
,	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-50-	-5182	Kermit H	Ritti	nger,	Cum	perland	
		ATH Enter of	ly one couse per	line for (a), (b a)	lac:	110111110 1		A	Valita		CIMATE INTERVAL
	PART I. DEATH	I WAS CAUSE	D BY	Parent	-	Herry -	9111	Puna		72	WRS".
	11000	IMMEDIA	TE CAUSE (a)	angese		1. Cer Di	J CCE				10/0)
	4980		DUE TO, O	R AS CONSEQUE	NCE OF						
	Conditions, if a	ny, which immediate	(b)_								
	underlying co	oting the	DUE TO, O	R AS A CONSEQUE	NCE OF						
			(c)								
Z	PART 2 OTHERS	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	OT RELATED TO THE TE	FRMINAL D	ISEASE OR CO	1DITION G	SIVEN IN PART 1	(0)
CERTIFICATION	19a. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OP RATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
F					V		YES	ПОИ П		TIFYING CAUSE: YES 🏻	S OF DEATH?
18	21a. ACCIDENT WAS	UNDERLYING	216. TIME C			21c. HOW INJURY OCC					
	OR CONTRIBUTING [		NIN .	M. MONTH DA	YEAR						
MEDICAL	21d INJURY OCC		P. 21e PLACE		19	211 LOCATION					
ME	WHILE NO	T WHILE WORK		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
			tal) attanded th	e deceosed from		25C 1978	0'	11-	28	10 -20	that (I) (we) last
	sow the dece	eased alive or	/	11-26 10 7	-0	nd that in (my) (our) opini		occurred on the	late and h		
	obove (I) (we	e) (did) (did no	it) view the body	after death.	-	DEGREE					SIGNED /
	Lun	4/	,,,,	11	,	ATTENDING	G MED	DICAL STA	AFF .	I'L DAIL	SIGNED
1	man	eux	work	Man	M	PHYSICIAN	N DIRE	CTOR   PHYS	CIAN	11/0	49/79
	224 PHYSICIAN'S	NAME CHIEC	MARGETT.			22 ADDRESS					215
	MARTI	NM.	ROTH	STEIN	MeD	48 BROT	12/1/13	1g-F	2057	BURG	- Mde
23a	BURIAL, CREMATIC	N, REMOVAL				EMETERY OR CREMATOR		LOCATION		COUNTY	STATE
	Burial		12-0	1-79 Ad	ddisc	on Cemeter	ry A		1, Sor	nerset.	
74. F	WHERAL BIRECTOS	20		ADDRESS			DATE REC'E	. BY REGISTRA		STRAR'S SIGNA	
1	digen!	leun	eu		svill	Le, Md.	DEC	6 19/9		7	
-											

230 BURIAL, CREMATION, REMOVAL BUrial 23b DATE 12-01-79 BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumotic event, the medical examine

the court natural, and the Mar. 22, 1971 Rock ting from the second of the second se the many than the second of the second than the second Till terre to the total of the same of the literate of the state of th The latest the state of the sta

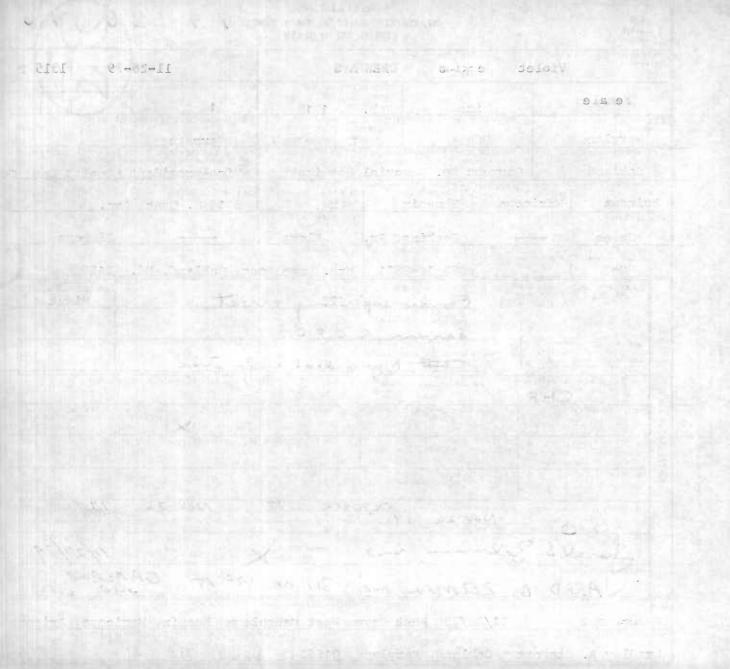
11.	STATE			DEPARIA	MENT OF	HEALTH	AND MENTAL H	TYGIEN	4		2 0		7	die .
	REGISTRAR		M	<b>EDICAL E</b>	XAMIN	ER'S C	<b>ERTIFICATE</b> C	F DEA	TH	REG.	NO.			
	ECEASED NAJ	Leona	rd	(NMI)		KLIN	VE	[2	OF	KNOWN ESTI- MATED	<ul><li>MONTH</li><li>□ 11</li></ul>		YEAR 1979	26. HOUF 1015
3. SE	x Male	4. RACE White	5. DATE OF BIRT	H 95	6. AGE (IN YE.	ARS IF UNI	DER 1 YR. IF UNDER		RONOUN DEAD	NCED	монтн	fő	79 12	16'35
70. E	BIRTHPLACE OREIGN COUNTRY	STATE OR	76. CITIZEN OF V	WHAT COUNT			D NEVER MARR	IED 🔠	BALTIM		rett	ITY OF D		W
0	akland		Dennett	'Road' N	tanor's	Nursi	ng Home	Nev	OCCUI OST OF WOR OP	PATION ( KING LIFE) VOIK	TYPE OF WORK	12b. KIN OR I	D OF BUINDUST	SINESS RY Lid
13a. S	Md.		OR OTHER INSTITUTION, TY P	13c CITY	efore admission town Land	ON)	13d INSIDE CITY LIMITS? YES NO		ET ADDRE	ss Rd.	Mano	or N	Н	
	John		WIDDIE	Kli			15. MOTHER'S MAIDE Grace	NAME	M	IDDLE	Mi	11e	AST	
160.	YES, NO, OR UNKH		WAR OR DATES)		IAL SECURIT		Nursing	Home	Rec	addre				
	18. CAUSE PART I	OF DEATH (Enter on DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	Corona	ary ar		disease						PROXIMATE FEEN ONSE	INTERVAL I AND DEATH
	gave	ans, if any, which	DUE TO, C	Arteri			, generali	zed		h			H	
	lying co	a) stating the <u>under</u> - ause last.	(c)	DR AS A CONS										
NOI	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	IH BUT NOT RELAT	EO TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).						
TIFICAT	19a. DATE C	FOPERATION	19b CONE	DITION FOR W	VHICH OPER	ATION WA	AS PERFORMED?					0.00	UTOPSY?	NO X
MEDICAL CERTIFICATION		NAL CAUSE WAS IG OR ING CAUSE OF I		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HO	W INJURY OCCURRE	D (ENTER N)	ATURE OF INJ	URY IN ITEM	18 PART 1 OR P.	ART 2)		
MEDI	21d. INJURY WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK		E OF INJURY ACTORY, FARM, ETC		21f. LOC	ATION REET		CITY OR TO	WN	co	YINU		STATE
	death resu	tify that Upak charg Ited fram: Natur	e of the remains d	escribed abav Accident		Autaps;	Hamicide ,		Inquiry		and in my a ],			
2	EXAMINER	7	H. Feas	ster, J	r., M.	M.	DEPUTI NDDRESS 107 S		alexam		DATE SIGN akland	ED	-10-	79
23a.E		ATION, REMOVAL		23c. N.	AME OF CEA	AETERY OR	crematory eme te rv	23d. LOC			COL	INTY	st	ATE
24. F	UNERAL DIRE	costm C	rst, 0				250. DATE F		EGISTRA	7.39 RE	Ga rar	SIGNATI	Md.	ody

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TableY		deputite vi	deprinary area		
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	1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	IYGIENE / 9	2 8	1 9
		CEASED NAME FIRST	MIDDLE	U	ST	20. DATE OF DEATH		YEAR 26 HOU
		Kuby (	2. McCulla	rugh	BELT H		11 17	79 2
	3 SE	x	4 RACE	S/DATE O MONTH	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY] IF UN	DER I YEAR IF UNDER
		+	W	09	07 29		YRS.	
1		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTE	RY? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O		DEATH
20	30	vette Ken.	4.5.	WIDOWE	DIVORCED		Garrett	
21	10 C	ITY OR TOWN OF DEATH	13. NAME OF HOSPITAL, NUR		ROTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		IND OF BUSINE
0	0	akland, Md.	DENNETT RO		or N.H.	none		none
25	130.	STATE 13b COU	NOTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO		134 INSIDE CITY LIMITS	13e STREET ADDRESS	2 50	
1		ma. [911	egeny Flints	stone	YES NO B	R+, 1 to	SOX Od	
0/0	14 F.	ATHER'S NAME	MIDDLE SAST	OK EST	15. MOTHER'S MAIDEN FIRST	NAME MIDDLE		LAST
10		John W	3 Brock Pr	ock	ur	rknown	Nannie	
1	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRE		Husband
1		no			Mr. Leroy	W. Mc Cullou	gh, Flir	nts tone, M
		18 CAUSE OF DEATH Enter of	inly ane cause per line (a), (b), ED BY.	and cul	4			APPROXIMATE INTER
			TE CAUSE (a) K-ear	unter	2 arre	at	<	secondo
		4491	DUE TO, OR AS A DONSE	OLIENICE OF				0
	2.	Canditions, if any, which	( ib) TWO	emon	en			days
		gave rise to immediate cause (a), stating the	(8)				714 7 (2)	1
		underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF				
	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	TO DEATH BUT	NO. I, RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN	PART I(a)
	Z O	Cerebro	vascular	acci	lant win	th (R) large	is	
14	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED	200 AVTOPSY?		RE FINDINGS USED
7	E					YES NO	YES [	NO [
1	1 8	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)
7	1000	OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
	MEDICAL	71d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		70.57.19	
	1	HILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	STREET	CITY OR TOV	N C	OUNTY ST
			ital) attended the deceased fra	m 10-	-4-74 10	10 //-	17 10	79 that (1) 6
		saw the deceased alive a	11-16-79		d that in (my) (our) opini	ian death accurred an the de	ate and haur and	from the couses ste
		Abave, (I) (we) (did) (did-n	oth view the bady after death.		EGREE			22c. DATE SIGNED
		110 mg - 6	tak!	n	ATTENDING	MEDICAL STAI	F	11-17 7
-	1	770 PHYSICIANS NAME INTE	1000th	- / -	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSIC	IAN	11-11-1
		The state of the s	0 (1 42	1	P - 16 /-	2 5 -1 /-	11/-	1 1
1		George 1	Si Stoll 24	45	DOK 61	Friends	VIIIC	ma
	230.	BURIAL, CREMATION PEMOVA			METERY OR CREMATOR	CITY OR TOWN	COUN	
		Burial	11-21-79	Lexingt	on Cemetery	Lexingt	on, Keni	tucky
	24 F	UNERAL DIRECTOR JAME	s F. Scarpelli	Cumber.	land, Md. 250. [	DATE REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATURA
		Scarnell.	( habast	12214	nd	MON 7 3 1313		/

co's . Iroc it, one filt , or of the or , rome , it A COLOR OF THE STATE OF THE STA 11-21-The order ton -erotery ending ton, onthog 

	1 - STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH		REG. NO.	0 ;	, 0
ege 3	I. DECEASED NAME (TYPE OR PRINT)	FIRST Viole		lyce	OBER	HAUS	2a. DATE OF DE	11-26-	79	26 HOUR 1315 P <sub>M</sub>
ge 4 Torrector, po	3 SEX Femal		4 RACE Whi	te	S DATE O		6. AGE (IN YEARS		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Pool dir	To BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	18	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNTY	OF DEATH	70
SE 22	Marylan	d	US	A	WIDOWE		Garr	rett		MD
rs ofter dec	10 CITY OR TOWN OF	F	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Hospital	120. USUAL OC		INDUSTRY	OF BUSINESS OR
If he f	USUAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION, TY	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADD	DRESS		& Land C
rthin 2 tely fill 2 shou	Arizona 14 FATHER'S NAME	Mari	copa	Phoeni	ζ	YES NO		N. Tenth	Ave.	
mplete and 2	James		AIDDLE	Jenkins	s. Sr.	FIORA		IDDLE	Simmo	
execut and co	160 WAS DECEASED E		MED FORCES?	166 SOCIAL SECL		17 INFORMANT		ADDRESS		
Pog Pog	No	(IF TES, GIVE	WAR OR GATES)	082-14-6	5831	Mrs. Dana R	oss. Oaki	land, Md.	21550	
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bos bee has been prior	190. DATE OF OF	ERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTIF	, WERE FIND IT	NGS USED OF DEATH?
SICIAN: The properties of the	00.000110011111110	CAUSE OF DEAL	1	M. MONTH D	AY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM \$8, PA	ART 1 OR PART 2)	
G PHYSI  er this ce  s the burn  and Me  ked or it	21d. INJURY OC		21e PLACE			21f. LOCATION STREET	CII	Y OR TOWN	COUNTY	STATE
TENDIN outal or TOR. Aft		at (I) (this haspit ceased alive an ve) (did (did nat		e deceased fram_ U 26 197	0	OBEX 19 77				that (I) (we) last
AL OK ATT the hospital AL DIRECT letached from the Dept. or	22b. SIGNATUR	e & B.	Zel~	arrer dearn.	~	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	11/2	SIGNED
TO HOSPITA etained by TO FUNERA should be d with the Sta	22d. PANSICIAN	S NAME (TYPE OR		EMAN	, me	311 N.	474 19	- OA	KLAN.	11550
or end with with with with with with with with	23a BURIAL, CREMAT	ON, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N wn	COUNTY	STATE
BP	Entombmen		11/3	0/79 Res	st Hav	en West Maus				
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FUNERAL DIRECTO			ADDRESS			TE REC'D. BY REG	ISTRAR 256. REGIST	/ / /	TURE Casedia
	Bradley A	. Stewa:	rt Oal	kland, Ma	arylan	d 21550	MECO	10/3	1	



ttending physician and completely filled in by the funeral directa ve corbonpapers. Pages 1 and 2 should be filed within 72 hours al

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detoched for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or ather troumotic event, th

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

S	T	ATE	OF	M	AF	RYL	AND

	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND CERTIFICATE OF		REG. NO.	. 8 1	9/
	1. DECEASED NAME FIRST	MIDOLE	Ciasi	,	E OF DEATH MONTH	DAY YEAR	26. HOUR 35
	7 heresa Female	RACE White	5. DATE OF BURTH  MONTH  B  3	YEAR 92 8	IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
1	10 BIRTHPLACE ISTATE ORFOREIGN 76 COUNTRY) Meyersdale, Pa	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED . 9. BALTI	MORE CITY OR COUNT	Ga	rrett MD
-	Oakland, Md.		ADDRESS) - N. H. Cau ADMISSION)	kland, Md. (TYPE OF )	ALOCCUPATION WORK FOR MOST OF WORKING I HOUSekeeper-	LIFE) INDUSTRY	F BUSINESS OR
1	Md. Alleg	geny Cumber	-land YES B		6 Maryland	aue.	
	HENRY WAS DECEASED EVER IN U.S. ARME	), Hutx		arabelle	ADDRESS	Sha	ffer
7	(YES, MO OR UMMNOWN) (IF YES, GIVE W.			ett Rd Manor		land, Md	
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED E	BY:	nonin	1 0 0		APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	(b) CATALLA ON DUE TO, OR AS A CONSEQUE	NCE OF	a Clock	revisades)	10000	yurs
5	PART 2 OTHER SIGNIFICANT COI	NOITIONS CONTRIBUTING TO D			UTOPSY? 206. IF YE	IVEN IN PART 1(o ES, WERE FINDIN IFYING CAUSES	IGS USED
-	OR CONTRIBUTION CONTRACTOR OF STATE	21b. TIME OF INJURY HOUR A.M. MONTH DA		YES [		PART I OR PART 2]	NO []
	OR COMINING INFO COURTED  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCAT STREET		CITY OR TOWN	COUNTY	STATE
	27a. I certify that (I) (this haspital saw the deceased alive on above, (I) (we'll did did not).	11-1	0 - 15 19, and that in (my	, 19 , to	urred on the date and ha	6 /	that (I) (we) Tast couses stated
i	226. SIGNATURE	111	DEGREE			22c. DATE S	SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

12. ADDRESS

COUNTY

STATE

BP.

ATTENDING

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial
24 FUNERAL DIRECTOR
NAME

230 BURIAL, CREMATION, REMOVAL

236. DATE

Silcox-Merritt Funeral Service . Cumberland, Md

1979

Sunset Memorial ADDRESS 404 Decatur St

231. NAME OF CEMETERY OR CREMATORY

Park Cumberland Allegany Maryland

156. DATE REC'D. BY REGISTRAR ISAN NEGISTRAR IS SIGNATURE

4 11 0 12 10 70

236 LOCATION CITY OF TOWN

ros-os-leit dennis deren ... elet. de Training Indian to the Island Court of the Island Services of the Is A TURSON IN

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

Bradley A. Stewant

	1-	FOR STATE			DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		IENE 7 9	2 8	3	98
	I. DEG	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST		REG. NO.  2a. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	Mary		Rllen	S	LIGER		11	- 29	- 79	0645 A
9	3. SEX			4 RACE		5. DATE C	OF BIRTH	EAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
93/	7a DI	Female RTHPLACE (STATE OR		Whit	WHAT COUNTRY?	Marc.	h 11, 189	2	9. BALTIMORE CITY OR COL	RS.	DEATH	
25	C	est Virgin		USZ		MARRIE	NEVER MARR		Garrett	JATT OF	DEATH	MD
		TY OR TOWN OF DI		11. NAME OF		G HOME C	OR OTHER INSTITUTI		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		26. KIND O	F BUSINESS OR
10	11011	Oakland					Hospital	100	Housewife		0.30	Home
26	13a S	AL RESIDENCE (IF NO TATE Md.	136 COU		GIVE RESIDENCE BEFORE 130 CITY OR TOWN	N	13d. INSIDE CITY LI		13e STREET ADDRESS Rt. #1, Box	142		
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAI	IDEN NAM	WE		LAS	
10		John		L.	Armstro	ng	Alic	e			Kno	
1		AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	MA (5)	ADDRESS	49,6		
		No			220-30-	7832	Mrs. Dai	sy G	raham, Oakland	, Md.		550
H		18 CAUSE OF DEA	TH (Enter or	nly one couse per	line for (a), (b), and	العام	- 00				BETWEEN	MATE INTERVAL ONSET AND DEATH
		1/1/ OC		TE CAUSE (o)	-cest	etic	Sells	ac	cho.		gai	2
DUE TO, OR AS A CONSEQUENCE OF										a a		
		Conditions, if on gove rise to in		(b)								
4		couse 101, state underlying cau		DUE TO, O	R AS A CONSEQUE	NCE OF				264		
	30	PART 2 OTHER SIG	SNIFICANTI	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERM	INAL DISEASE OR CONDITION	I GIVEN I	N PART 16	0.1
	NO											
2	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED					NGS USED OF DEATH?
9		21a. ACCIDENT WAS U	-		M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1	OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MED	ICAL EXAMINER	P.	M.	19						
	MED	21d. INJURY OCCU WHILE AT WORK AT V	WHILE O	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	c	OUNTY	STATE
		22a.l certify that (	I) (this hosp	ital) attended th	e deceased from	DAU	, 19	78	_, to 29/100	19/	9.	that (1) (we) lost
¥(;)		sow the deced obove, (I) (we)		of view the body	ofter death.	9.00	nd that in (my) (our)	opinion o	death accurred on the date on	d hour one	from the	couses stated
		22b. SIGNATURE	351	Man	1000	m		IDING	MEDICAL STAFF		22c. DATE	SIGNED 75
		22d. PHYSICIAN'S	VAME (TYPE C	OR PRINT)	u ,	-	220. ADDRESS	ICINIA L	J DIRECTOR THIS CLARK	_	/ (//	-
1		Dr. A	. E. 1	iance			Third St	., 0	akland, Md. 2	1550		
	23a. E	BURIAL, CREMATION	N, REMOVAL	. 236. DATE	23c. N	IAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STATE
		buri	al	12/2/	79 Gar	rett	Co. Mem.					
	24 FL	JNERAL DIRECTOR						25a. DATE	E REC'D. BY REGISTRAR 256. RI	GISTRAR	SSIGNAT	URE

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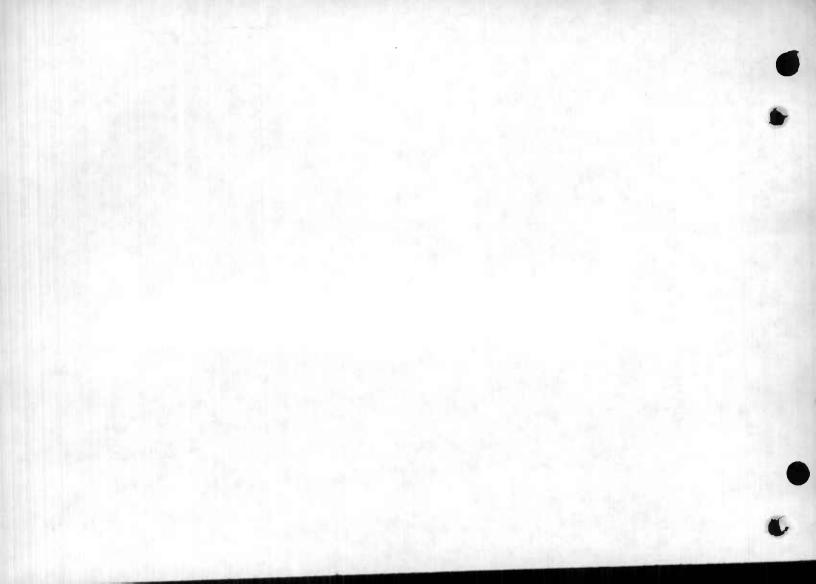
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3	2	1-	FOR STATE REGISTRAR				STAT MENT OF H EXAMINI	IEALTH		HAL HY		9	REG. NO.	8	1 9	9
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(IAI	S NECESSA (HEATER OF THE STATE	3. SEX		ite	DATE OF BIRTH MONTH DAY 8-25-1	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 79 YRS	MONTH		UNDER 24		DATE NOUNCED DEAD		.1 28		24. HOUR 34.5 PM
	NECESSAR FUNERAL D 5 FOR YOU WITHIN 7	7n B	IRTHPLACE (STATE OR DREIGH COUNTRY)		Th CITIZEN OF WH				D A NEVEL	R MARRIED	9. B.		CITY OR C			342 M
	S W S	Pe	ennsylva:		USA		4 1-	WIDOWI		DIVORCED		Gar:	rett			MD.
	AY IS PAGE FILE		rantsvil		Route 2	PITAL, NU	RSING HOME, TREET ADDRESS)		RINSTITUTION (		FOR MOST	OF WORKING	ON (TYPE OF V		KIND OF BOOK INDUSTRIAL	TRY
21201	2, AND 3 TO 2, AND 3 TO 3. RETAIN PA SHOULD BE 1. RECORDS,	13a. S	ALRESIDENCE (IF IN NU TATE Aryland	13b. COUNTY	OTHER INSTITUTION, GI	13c CITY		NI 1	13d. INSIDE CITY		3e. STREET A	ADDRESS	Box			
	- S. 8. 2.		ATHER'S NAME			qir ar	COSVII.	16	15. MOTHER'S			0 2,	DUX	07		
E, MD	A 1/56 PSA		John		MIDDLE	Smit	h		Abbi	T		MIDDLE		lint	O.C.k	
BALTIMORE,	FORM FORM SS 1 AN	16a V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?		IAL SECURITY	NO.	17. INFORMA			Αľ	DDRESRT	. 2,	Box	89
ACTIV	S AF GIVE ITH I		No		-		3-18-6	599	Anna	Glad	dys S	mith	, Gra	ants	vill	e, Md.
ST.,	24 HOURS ITEM 18. GI LONG WIT PERMIT. PA SIENE, DIVI		18 CAUSE OF DEAT PART I DEATH W	VAS CAUSED	BY:		ond(c).)	n	Alba			-06		-	APPROXIMATE TWEEN ONS	TAND DEATH
TON	N 24 HO VITEM 1 ALONG T PERMI' YGIENE,	7	9190	IMMEDIATE			SEQUENCE O		-			- 5				83
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	S. IN AND AND		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO			tracto			IUFAI AAI DAMP S						
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IL REC	SED	CERTIFICATION	19a. DATE OF OPERA	ATION	196 CONDIT	ION FOR	WHICH OPERA	TION WA	SPERFORME	D?				20	AUTOPSY	?
VITA	ATE SHOUL WORD "P THE CHIEF ID BE USEC VENT OF HI BURIAL, CR	RTIFI	210. EXTERNAL CAU	FF 14/4 C	All Thus on	10.1.1.1.1.1.1.1		V							YES 🗌	CKON
DIVISION OF VITAL RECORDS,	THE THE STAN TO BE		UNDERLYING CONTRIBUTING	OR .	21b. TIME OF HOUR A.M	MONTH	28, 79	Far	m tra							
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٥	ME: THIS ORWARD ORWARD E STATE E STATE		WHILE NOT AT WORK AT W											Tec	o Picto	
	FECATOR THE AND.		22a. I certify that death resulted from		of the remains desc	ribed obo Accident	/	de .	Homicide	nspection 2	Undetermin	quiry 🛂		my opinior		
	AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF TH		ACTUAL SIGNAPURE	4-1	10	-0	= A		TITLE (SPEC		_MEDICAL	EXAMINER	D S	ATE 1]	L-28-	79
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	100	EXAMINER'S NAME	James	H. Feas	ster	, Jr.,	М. Д	Boress 10	07 S.						
	TO PACT AFT BALL	[5	URIAL, CREMATION, F	REMOVAL 23b	. DATE	23c. N	AME OF CEM	ETERY OR	CREMATORY	1	23d. LOCAT	ION		COUNTY	S	TATE
	BP	24 1	Burial	12	2-02-19	79Gr	antsv:	ille			Gran	tsvi	lle (	Jarr	ett.	Md.
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1010 # 28200 See. Dec. 17, 79 Havett Co Else Stong



	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		3 2	0 1
		CLASED NAME FIRST	ara	Iva	STI	NE	November 2	27, 1979	YEAR 7	11:45P
s pher d	3. SE	male	4 RACE White		5 DATE C	ruarý 15, ře 190	1//	YRS.	HS DAYS	IF UNDER 24 HRS HOURS MIN
25		RTHPLACE (STATE OR FOREIGN DUNTRY)  Aryland	U.S.		WIDOWE		9. BALTIMORE CITY OF Garrett	Co.,		MD
led miled		ty or town of DEATH  Oakland				ROTHER INSTITUTION  Al Hospital	TYPE OF WORK FOR MOST P	ON 12 EWORKING LIFE) IN	NDUSTRY	BUSINESS OR
must be	130. 5		NE OR OTHER INSTITUTION OUNTY Garrett	136. CHTY OR TOV	MM	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Route #2	2, Box 2	64	
exomine 10	14. FA	THER'S NAME FIRST Edward	MIDDLE	Rolls	3	15. MOTHER'S MAIDEN NA FIRST Edna	ME MIDDLE <b>Leona</b>		Dari	r
medicale		AS DECEASED EVER IN U.S	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	Mrs. Mary St	ADDRE Over, Oaklar		21550	0
ien please remove carbon po b burial, cremation, or rema ury, or other troumotic ever	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	DR AS A CONSEQU DR AS A CONSEQU	JENCE OF	CVA X	MINAL DISEASE OR CONI	DITION GIVEN II	Z N PART 1(0)	WLS
it permit. The items prior to gaws ony in	CERTIFICATION	19a DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES C	GS USED OF DEATH?
frer this certificate as the buriot-transit th and Mental Hygi orked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM- 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DE DEATH HOUR A		DAY YEAR 19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
L DIRECTOR: A toched for use E Dept. of Heal		220.1 certify that (I) (this because of the deceased of the obove. (I) (web) (and ) (deceased of the obove.)				nd that in (my) (90r) apinion  DEGREE  ATTENDING PHYSICIAN [	death accurred on the do	FF		
should be deto with the Stote		22d. PHYSICIAN'S NAME (1				22e ADDRESS	Md. 21550			
₩ 3 💆	230	BURIAL, CREMATION, REMO SPECIFY) burial				EMETERY OR CREMATORY  Cemetery	23d LOCATION CHYOR TOWN Swanton,		Mary	
50M7/77 15 (4))		uneral director NAME radley A. Ste	wart Oa	ADDRESS kland, M	arylan		EREC O BY REGISTRAR	25h REGISTRAR	SSIGNATU	Resody

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03		CEASED NAME E OR PRINT)	FIRST		WIDDIE			LAST			2a. DATE OF	KNOWN ESTI-	Wal wal	424	°26	YE 79	24 HOUR
( A & & E i			Webste	r A	lphon	iso	TA	SKER				MATED		71/	19	'	M
TREE STEE	3. SEX	4. RAC	E	5. DATE OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER		2c. DATE		MON	1	26	79	25 HOUR
A DIE	N	ale Wh	ite	Sept. 9,	1937		RS.	DATS	HOURS	MIN	DEAD				19		M
ASTA ASTA		RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WH	IAT COUNT	TRY?	8. MARRIE	D M NE	VFR MARRI	ED 🗆	9. BALTIA	RREIT	OR CO	UNTY	OF DEA	TH	
MITH WITH		Maryland		USA			WIDOW		DIVORC		Un	rierrar 1					MD.
공품유급 *	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS			, OR OTHE	R INSTITU	TION	12a. USU	AL OCCU	PATION (T	TYPE OF WO	RK 12t	OR IN	OF BUS DUSTRY	INESS
DELAY IS TO THE A PAGE BE FILED DS 301 W		Swanton		Rt. #1,	Box 1	5					pent				Wo		am
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AL AL	14. F/	THER'S NAME				#7 No. 1		15. MOTHE	R'S MAIDE	N NAME							
RE, MD. 2 R DEATH. II R DEATH. II R M P. 2 S. R AND 2 S.	1	Russell		MIDDLE		sker		F	RST 1da		^	AIDDLE		-	LAST		
MORE, FIER DE FORM ON OF	16a. V	AS DECEASED EVER				IAL SECURIT	Y NO.	17. INFORA				ADDRE	SS		Joop	CT	-
BALTIMORE, RRS AFTER DE GIVE PAGES WITH FORM PAGES 1 AN	(A	NO. OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	215-	36-77	5.8	Mrc	Rosa	nna .	בית ז	cker	Sec	# 1	13 21	horre	
, BALTIMOI UURS AFTER 8. GIVE PAV WITH FOR DIVISION (	H	IB. CAUSE OF DEAT	TH (Enter only	v ane cause per line			50	MIS.	Nosa	illia t	). 1a	SVEL	Dec		APPRO	Y IAA A TE B	NITERVAL
ON ST., E 24 HOU TEM 18. ONG V PERMIT.	13	PART I DEATH W	AS CAUSED	BY:	rar (a), (b),		onar	7 Th	romb	osis	3.	Ieft			SUG	QUSET /	AND DEATH
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